



## STATE OF ILLINOIS

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Facility Name & ID Number Renaissance At Midway# 0041749 Report Period Beginning: 01/01/03 Ending: 12/31/03

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>249</u>	Skilled (SNF)	<u>249</u>	<u>90,885</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>249</u>	TOTALS	<u>249</u>	<u>90,885</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>42,457</u>	<u>3,397</u>	<u>9,825</u>	<u>55,679</u>	8
9	SNF/PED					9
10	ICF	<u>27,145</u>	<u>903</u>		<u>28,048</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>69,602</u>	<u>4,300</u>	<u>9,825</u>	<u>83,727</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 92.12%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)N/A

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 6/5/00

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 6/5/00 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter numberof beds certified 50 and days of care provided 8,068Medicare Intermediary Adminastar

## IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/03 Fiscal Year: 12/31/03

\* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

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Facility Name &amp; ID Number Renaissance At Midway # 0041749 Report Period Beginning: 01/01/03 Ending: 12/31/03

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	305,435	88,724	10,858	405,017		405,017		405,017		1
2	Food Purchase		347,846		347,846	(23,543)	324,304	(451)	323,852		2
3	Housekeeping	253,497	46,070	10,964	310,531		310,531		310,531		3
4	Laundry	83,249	25,450		108,699		108,699		108,699		4
5	Heat and Other Utilities			182,414	182,414		182,414	(15,572)	166,842		5
6	Maintenance	100,954	29,887	193,052	323,893		323,893	1,907	325,800		6
7	Other (specify):*							(35)	(35)		7
8	<b>TOTAL General Services</b>	743,135	537,977	397,288	1,678,400	(23,543)	1,654,858	(14,151)	1,640,706		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			20,004	20,004		20,004		20,004		9
10	Nursing and Medical Records	3,111,275	278,075	203,496	3,592,846		3,592,846	141	3,592,987		10
10a	Therapy	42,276		4,319	46,595		46,595		46,595		10a
11	Activities	183,394	8,826	1,961	194,181		194,181		194,181		11
12	Social Services	147,536		2,446	149,982		149,982		149,982		12
13	Nurse Aide Training			6,260	6,260		6,260		6,260		13
14	Program Transportation			2,140	2,140		2,140	2	2,142		14
15	Other (specify):*							22	22		15
16	<b>TOTAL Health Care and Programs</b>	3,484,481	286,901	240,626	4,012,008		4,012,008	165	4,012,173		16
	<b>C. General Administration</b>										
17	Administrative	229,518		556,045	785,563		785,563	(397,880)	387,683		17
18	Directors Fees										18
19	Professional Services			133,755	133,755		133,755	(13,197)	120,558		19
20	Dues, Fees, Subscriptions & Promotions			171,746	171,746		171,746	(116,251)	55,495		20
21	Clerical & General Office Expenses	368,858	53,070	379,442	801,370		801,370	(214,121)	587,249		21
22	Employee Benefits & Payroll Taxes			849,544	849,544	23,543	873,087	(35,813)	837,274		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,995	2,995		2,995	838	3,833		24
25	Other Admin. Staff Transportation			1,733	1,733		1,733	267	2,000		25
26	Insurance-Prop.Liab.Malpractice			248,820	248,820		248,820	553	249,373		26
27	Other (specify):*							41,705	41,705		27
28	<b>TOTAL General Administration</b>	598,376	53,070	2,344,080	2,995,526	23,543	3,019,069	(733,899)	2,285,170		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,825,992	877,948	2,981,994	8,685,934		8,685,934	(747,885)	7,938,049		29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

## STATE OF ILLINOIS

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Facility Name &amp; ID Number

Renaissance At Midway

#0041749

Report Period Beginning:

01/01/03

Ending:

12/31/03

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			130,073	130,073		130,073	296,782	426,855			30
31	Amortization of Pre-Op. & Org.			7,522	7,522		7,522	184	7,706			31
32	Interest			252,742	252,742		252,742	754,399	1,007,141			32
33	Real Estate Taxes							422,765	422,765			33
34	Rent-Facility & Grounds			1,676,150	1,676,150		1,676,150	(1,642,014)	34,136			34
35	Rent-Equipment & Vehicles			22,378	22,378		22,378	6,096	28,474			35
36	Other (specify):*							47,776	47,776			36
37	<b>TOTAL Ownership</b>			2,088,865	2,088,865		2,088,865	(114,012)	1,974,853			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	12,780	150,263	798,837	961,880		961,880	(14,810)	947,070			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			136,327	136,327		136,327		136,327			42
43	Other (specify):*	68,309			68,309		68,309	(68,309)				43
44	<b>TOTAL Special Cost Centers</b>	81,089	150,263	935,164	1,166,516		1,166,516	(83,119)	1,083,397			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,907,081	1,028,211	6,006,023	11,941,315		11,941,315	(945,016)	10,996,299			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(109,971)	30		9
10	Interest and Other Investment Income	(91)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(178)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(2,518)	21		18
19	Entertainment	(6,262)	21		19
20	Contributions	(21,395)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(123,115)	21		24
25	Fund Raising, Advertising and Promotional	(92,406)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(381,885)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (737,822)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(207,195)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (207,195)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (945,016)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

NON-ALLOWABLE EXPENSES			Amount	Sch. V Line Reference
1	Barry Dany	\$	(52)	10
2	COPY Fees		(1,901)	30
3	Call		(15,999)	40
4	Bank Charges		(28,194)	21
5	Copies		(100)	21
6	Fuel Refunds		(272)	42
7	Yellow Pages		(4)	20
8	Misc. Purchase		(20)	21
9	Officers Life Insurance		(25,813)	22
10	Nonallowable Marketing Auto Lease		(1,495)	15
11	Non-Allowed Clerical Salary		(6,444)	21
12	Marketing Consultant		(444)	19
13	Marketing Salary		(68,809)	42
14	Legal (nonallowable)		(21,677)	19
15	Nonallowable Management Fees		(166,500)	21
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
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88				88
89				89
90				90
91				91
92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	Total		(381,883)	101

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/03

Ending:

12/31/03

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary													1
2	Food Purchase	(451)											(451)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(15,990)				418							(15,572)	5
6	Maintenance					1,907							1,907	6
7	Other (specify):*					(35)							(35)	7
8	<b>TOTAL General Services</b>	<b>(16,441)</b>				<b>2,290</b>							<b>(14,151)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(52)				193							141	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation					2							2	14
15	Other (specify):*					22							22	15
16	<b>TOTAL Health Care and Programs</b>	<b>(52)</b>				<b>217</b>							<b>165</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative				(6,110)	(370,268)	44,942	(66,444)					(397,880)	17
18	Directors Fees													18
19	Professional Services	(24,461)	8,158		139	1,567		1,400					(13,197)	19
20	Fees, Subscriptions & Promotions	(117,386)			(266)	1,401							(116,251)	20
21	Clerical & General Office Expenses	(363,238)	(4,082)		1,983	149,716		1,500					(214,121)	21
22	Employee Benefits & Payroll Taxes	(35,813)											(35,813)	22
23	Inservice Training & Education													23
24	Travel and Seminar				63	775							838	24
25	Other Admin. Staff Transportation					267							267	25
26	Insurance-Prop.Liab.Malpractice					553							553	26
27	Other (specify):*				4,627	32,742	3,196	1,140					41,705	27
28	<b>TOTAL General Administration</b>	<b>(540,898)</b>	<b>4,076</b>		<b>436</b>	<b>(183,247)</b>	<b>48,138</b>	<b>(62,404)</b>					<b>(733,899)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(557,391)</b>	<b>4,076</b>		<b>436</b>	<b>(180,740)</b>	<b>48,138</b>	<b>(62,404)</b>					<b>(747,885)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/03

Ending:

12/31/03

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(109,971)	403,530			3,223							296,782	30
31	Amortization of Pre-Op. & Org.		184										184	31
32	Interest	(91)	755,382		(23)	(869)							754,399	32
33	Real Estate Taxes		422,765										422,765	33
34	Rent-Facility & Grounds		(1,654,749)			12,735							(1,642,014)	34
35	Rent-Equipment & Vehicles	(2,059)				8,155							6,096	35
36	Other (specify):*		47,776										47,776	36
37	<b>TOTAL Ownership</b>	(112,121)	(25,112)		(23)	23,244							(114,012)	37
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers			(14,732)		(78)							(14,810)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(68,309)											(68,309)	43
44	<b>TOTAL Special Cost Centers</b>	(68,309)		(14,732)		(78)							(83,119)	44
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(737,822)	(21,036)	(14,732)	413	(157,574)	48,138	(62,404)					(945,016)	45



Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/03

Ending:

12/31/03

## VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,654,749	Claridge at Cicero		\$	\$ (1,654,749)	1
2	V	21 Miscellaneous Income	4,082	Claridge at Cicero			(4,082)	2
3	V	36 MIP Insurance		Claridge at Cicero		47,776	47,776	3
4	V							4
5	V	19 Fees		Claridge at Cicero		222	222	5
6	V	19 Accounting		Claridge at Cicero		7,936	7,936	6
7	V	32 Interest Expense		Claridge at Cicero		755,382	755,382	7
8	V	33 Real Estate Taxes		Claridge at Cicero		422,765	422,765	8
9	V	30 Depreciation		Claridge at Cicero		403,530	403,530	9
10	V	31 Amortization		Claridge at Cicero		184	184	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,658,831			\$ 1,637,795	\$ * (21,036)	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	39 ANCILLARY REHAB	494,511	Simply Rehab	100.00%	479,779	\$ (14,732)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 494,511			\$ 479,779	\$ * (14,732)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 21,214	\$ 21,214	15
16	V	19 PROFESSIONAL FEES				139	139	16
17	V	20 FEES, SUBSCRIPTIONS				(266)	(266)	17
18	V	21 CLERICAL AND GENERAL				1,983	1,983	18
19	V	24 SEMINARS				63	63	19
20	V	27 GEN ADMIN.- EMP. BEN.				4,627	4,627	20
21	V	32 INTEREST EXPENSE				(23)	(23)	21
22	V							22
23	V							23
24	V	17 MANAGEMENT FEES	27,324				(27,324)	24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 27,324			\$ 27,737	\$ * 413	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 418	\$ 418	15
16	V	6 REPAIRS AND MAINT.				1,907	1,907	16
17	V	7 EMPLOYEE BEN. GEN. SERV.				(35)	(35)	17
18	V	10 NURSING ADMIN.				193	193	18
19	V	14 PROGRAM TRANSPORTATION				2	2	19
20	V	15 HEALTHCARE EMPLOYEE BEN.				22	22	20
21	V	17 ADMINISTRATIVE - NON-OWNER				24,953	24,953	21
22	V	19 PROFESSIONAL FEES				1,567	1,567	22
23	V	20 FEES SUBSCRIPTIONS				1,401	1,401	23
24	V	21 CLERICAL & GENERAL				149,716	149,716	24
25	V	24 SEMINARS AND EDUCATION				775	775	25
26	V	25 ADMIN. STAFF TRAVEL				267	267	26
27	V	26 INSURANCE				553	553	27
28	V	27 EMPLOYEE BEN. GEN. ADMIN.				32,742	32,742	28
29	V	30 DEPRECIATION				3,223	3,223	29
30	V	32 INTEREST EXPENSE				(869)	(869)	30
31	V	34 BUILDING RENT				12,735	12,735	31
32	V	35 EQUIPMENT RENTAL				8,155	8,155	32
33	V	39 ANCILLARY				(78)	(78)	33
34	V							34
35	V	17 MANAGEMENT FEES	395,221				(395,221)	35
36	V							36
37	V							37
38	V							38
39	Total		\$ 395,221			\$ 237,647	\$ * (157,574)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 ADMIN. - R. HARTMAN	\$	NUCARE SERVICES CORP.	100.00%	\$ 21,665	\$ 21,665	15
16	V	17 ADMIN. - B. CARR				17,786	17,786	16
17	V	17 ADMIN. - D. HARTMAN				5,078	5,078	17
18	V	17 ADMIN. - E. DICKMAN				413	413	18
19	V							19
20	V	27 EMP. BEN. - R. HARTMAN				1,919	1,919	20
21	V	27 EMP. BEN. - B. CARR				847	847	21
22	V	27 EMP. BEN. - D. HARTMAN				396	396	22
23	V	27 EMP. BEN. - E. DICKMAN				34	34	23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$ 48,138	\$ * 48,138	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03 Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 61,056	\$ 61,056	15
16	V	19 PROFESSIONAL FEES				1,400	1,400	16
17	V	21 OFFICE				1,500	1,500	17
18	V	27 PAYROLL TAXES				1,140	1,140	18
19	V							19
20	V							20
21	V	17 MARVIN NEEDLE-CONS. FEES						21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V	17 MANAGEMENT FEES	127,500				(127,500)	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 127,500			\$ 65,096	\$ * (62,404)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	22 Workers Compensation	\$ 77,650	Diamond Insurance	100.00%	\$ 77,650	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 77,650			\$ 77,650	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway # 0041749 Report Period Beginning: 01/01/03 Ending: 12/31/03

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2.00	3.08%		\$		1
2	Jack Rajchenbach	Owner	Administrative	25.00%	See Attached	7.00	10.77%	Alloc. Sal, Fee	61,056	17-7	2
3	Robert Hartman	Owner	Administrative	20.05%	See Attached	4.30	8.60%	Alloc. Salary	21,665	17-7	3
4	David Hartman		Administrative		See Attached	1.00	2.08%	Alloc. Salary	5,078	17-7	4
5	Mark Berger	Administrator	Administrative		See Attached	35.00	63.64%	Alloc. Sal, Fee	157,901	17-1, 17-3	5
6	Eitan Dickman		Administrative		See Attached	0.40	92.00%	Alloc. Fees	413	17-7	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 246,113		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway# 0041749

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway# 0041749

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization

Simply Rehab

Street Address

801 Skokie Blvd., Suite 108

City / State / Zip Code

Northbrook, IL 60062

Phone Number

(847)562-0800

Fax Number

(847)562-0070

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	ANCILLARY REHAB	DIRECT ALLOCATION					479,779	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 479,779	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway# 0041749

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization CAREPATH HEALTH NETWORKStreet Address 6633 N LINCOLN AVENUECity / State / Zip Code LINCOLNWOOD, IL 60712Phone Number ( 888) 707-6700Fax Number ( 847) 679-2150

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17 ADMINISTRATIVE	CARE PATH FEES	339,037	13	\$ 263,221	\$ 263,221	27,324	\$ 21,214	1
2	19 PROFESSIONAL FEES	CARE PATH FEES	339,037	13	1,730		27,324	139	2
3	20 FEES, SUBSCRIPTIONS	CARE PATH FEES	339,037	13	(3,296)		27,324	(266)	3
4	21 CLERICAL AND GENERAL	CARE PATH FEES	339,037	13	24,604		27,324	1,983	4
5	24 SEMINARS	CARE PATH FEES	339,037	13	784		27,324	63	5
6	27 GEN ADMIN.- EMP. BEN.	CARE PATH FEES	339,037	13	57,412		27,324	4,627	6
7	32 INTEREST EXPENSE	CARE PATH FEES	339,037	13	(286)		27,324	(23)	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 344,169	\$ 263,221		\$ 27,737	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway# 0041749

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization NUCARE SERVICES CORP.Street Address 6677 N LINCOLN AVENUECity / State / Zip Code LINCOLNWOOD, IL 60712Phone Number ( 847) 933-2600Fax Number ( 847) 933-2601

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5 UTILITIES	AVAIL. CENSUS DAYS	755,108	9	\$ 3,469	\$	90,885	\$ 418	1
2	6 REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	755,108	9	15,840		90,885	1,907	2
3	7 EMPLOYEE BEN. GEN. SERV.	AVAIL. CENSUS DAYS	755,108	9	(289)		90,885	(35)	3
4	10 NURSING ADMIN.	AVAIL. CENSUS DAYS	755,108	9	1,600	1,600	90,885	193	4
5	14 PROGRAM TRANSPORTATION	AVAIL. CENSUS DAYS	755,108	9	19		90,885	2	5
6	15 HEALTHCARE EMPLOYEE BEN.	AVAIL. CENSUS DAYS	755,108	9	180		90,885	22	6
7	17 ADMINISTRATIVE - NON-OWNED	AVAIL. CENSUS DAYS	755,108	9	207,317	202,582	90,885	24,953	7
8	19 PROFESSIONAL FEES	AVAIL. CENSUS DAYS	755,108	9	13,022		90,885	1,567	8
9	20 FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	755,108	9	11,642		90,885	1,401	9
10	21 CLERICAL & GENERAL	AVAIL. CENSUS DAYS	755,108	9	1,243,897	1,034,436	90,885	149,716	10
11	24 SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	755,108	9	6,435		90,885	775	11
12	25 ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	755,108	9	2,216		90,885	267	12
13	26 INSURANCE	AVAIL. CENSUS DAYS	755,108	9	4,598		90,885	553	13
14	27 EMPLOYEE BEN. GEN. ADMIN.	AVAIL. CENSUS DAYS	755,108	9	272,029		90,885	32,742	14
15	30 DEPRECIATION	AVAIL. CENSUS DAYS	755,108	9	26,781		90,885	3,223	15
16	32 INTEREST EXPENSE	AVAIL. CENSUS DAYS	755,108	9	(7,220)		90,885	(869)	16
17	34 BUILDING RENT	AVAIL. CENSUS DAYS	755,108	9	105,808		90,885	12,735	17
18	35 EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	755,108	9	67,754		90,885	8,155	18
19	39 ANCILLARY	AVAIL. CENSUS DAYS	755,108	9	(652)	(1,593)	90,885	(78)	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,974,446	\$ 1,236,040		\$ 237,647	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway# 0041749 Report Period Beginning: 01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization NUCARE SERVICES CORP.Street Address 6677 N LINCOLN AVENUECity / State / Zip Code LINCOLNWOOD, IL 60712Phone Number ( 847) 933-2600Fax Number ( 847) 933-2601

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17 ADMIN. - R. HARTMAN	AVG. HOURS WORKED	36	9	180,000	180,000	4	21,665	1
2	17 ADMIN. - B. CARR	AVG. HOURS WORKED	48	9	180,000	180,000	5	17,786	2
3	17 ADMIN. - D. HARTMAN	AVG. HOURS WORKED	8	9	40,623	40,000	1	5,078	3
4	17 ADMIN. - E. DICKMAN	AVG. HOURS WORKED	17	9	17,157	17,000	0	413	4
5									5
6	27 EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	36	9	15,944		4	1,919	6
7	27 EMP. BEN. - B. CARR	AVG. HOURS WORKED	48	9	8,574		5	847	7
8	27 EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	8	9	3,170		1	396	8
9	27 EMP. BEN. - E. DICKMAN	AVG. HOURS WORKED	17	9	1,411		0	34	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 446,879	\$ 417,000		\$ 48,138	25

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Renaissance At Midway# 0041749

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization JLR MANAGEMENT CORP.Street Address 6633 NORTH LINCOLNCity / State / Zip Code LINCOLNWOOD, IL. 60712Phone Number ( 847) 679-9141Fax Number ( 847) 679-1820

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17 J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	\$ 479,725	\$ 179,725	7	\$ 61,056	1
2	19 PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	11,000		7	1,400	2
3	21 OFFICE	AVG. HOURS WORKED	55	10	11,782	9,614	7	1,500	3
4	27 PAYROLL TAXES	AVG. HOURS WORKED	55	10	8,956		7	1,140	4
5									5
6									6
7	17 MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 547,759	\$ 189,339		\$ 65,096	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway# 0041749

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Diamond InsuranceStreet Address 40 Skokie Blvd., Suite 105City / State / Zip Code Northbrook, IL 60062Phone Number ( 847) 559-1002Fax Number ( )

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Worker's Comp. Insurance	Direct Allocation		\$	\$		\$ 77,650	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 77,650	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway# 0041749

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway# 0041749

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway# 0041749

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1		2		3	4	5	6		7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense			
		YES	NO				Original	Balance						
	A. Directly Facility Related Long-Term													
1	HUD/Heartland Bank		X	Mortgage			\$	9,376,580			\$	755,382	1	
2													2	
3													3	
4													4	
5	See Supplemental Schedule												5	
	Working Capital													
6	Shareholders	X										199,837	6	
7													7	
8	See Supplemental Schedule												8	
9	TOTAL Facility Related						\$	9,376,580				\$	955,219	9
	B. Non-Facility Related*													
10													10	
11	Sun Joint Venture		X									35,270	11	
12	Hillside Limited Partnership		X									17,635	12	
13	See Supplemental Schedule											(983)	13	
14	TOTAL Non-Facility Related						\$					\$	51,922	14
15	TOTALS (line 9+line14)						\$	9,376,580				\$	1,007,141	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related																		
	Long-Term																		
1							\$	\$			\$	1							
2												2							
3												3							
4												4							
5												5							
6												6							
7	TOTAL Long-Term											7							
	Working Capital																		
8							\$	\$			\$	8							
9												9							
10												10							
11												11							
12												12							
13												13							
14	TOTAL Working Capital											14							
	B. Non-Facility Related*																		
15							\$	\$			\$	15							
16	Interest Income		X								(91)	16							
17	Interest Income (NuCare)		X								(869)	17							
18	Interest Income (Carepath)		X								(23)	18							
19												19							
20	TOTAL Non-Facility Related										(983)	20							

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.

(See instructions.)

Facility Name &amp; ID Number Renaissance At Midway

# 0041749 Report Period Beginning: 01/01/03 Ending: 12/31/03

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

## B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report.		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	329,665	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	369,987	2
3. Under or (over) accrual (line 2 minus line 1).			\$	40,322	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	382,443	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	422,765	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	1998	8			
	1999	9			
	2000	356,610	10		
	2001	313,882	11		
	2002	369,987	12		
<b>Real Estate Tax Accrual: 369,987 X 1.03 = \$382,443</b>					
			13	FROM R. E. TAX STATEMENT FOR 2002 \$	13
			14	PLUS APPEAL COST FROM LINE 5 \$	14
			15	LESS REFUND FROM LINE 6 \$	15
			16	AMOUNT TO USE FOR RATE CALCULATION \$	16

## NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

SEE ACCOUNTANTS' COMPILATION REPORT



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates    **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2002 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Renaissance At Midway COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041749

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>19-03-300-006-0000</u>	<u>Long-Term Care Property</u>	\$ <u>492.80</u>	\$ <u>492.80</u>
2. <u>19-03-300-007-0000</u>	<u>Long-Term Care Property</u>	\$ <u>768.96</u>	\$ <u>768.96</u>
3. <u>19-03-300-008-0000</u>	<u>Long-Term Care Property</u>	\$ <u>995.71</u>	\$ <u>995.71</u>
4. <u>19-03-300-009-0000</u>	<u>Long-Term Care Property</u>	\$ <u>1,603.27</u>	\$ <u>1,603.27</u>
5. <u>19-03-304-004-0000</u>	<u>Long-Term Care Property</u>	\$ <u>492.80</u>	\$ <u>492.80</u>
6. <u>19-03-300-005-0000</u>	<u>Long-Term Care Property</u>	\$ <u>1,128.66</u>	\$ <u>1,128.66</u>
7. <u>19-03-304-005-0000</u>	<u>Long-Term Care Property</u>	\$ <u>1,788.54</u>	\$ <u>1,788.54</u>
8. <u>19-03-304-006-0000</u>	<u>Long-Term Care Property</u>	\$ <u>5,387.67</u>	\$ <u>5,387.67</u>
9. <u>19-03-304-007-0000</u>	<u>Long-Term Care Property</u>	\$ <u>128,614.21</u>	\$ <u>128,614.21</u>
10. <u>19-03-304-008-0000</u>	<u>Long-Term Care Property</u>	\$ <u>227,136.93</u>	\$ <u>227,136.93</u>
	<b>TOTALS</b>	\$ <u><u>368,409.55</u></u>	\$ <u><u>368,409.55</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2002 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Renaissance At Midway COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041749

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>19-03-304-009-0000</u>	<u>Long Term Care Property</u>	\$ <u>1,577.22</u>	\$ <u>1,577.22</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>1,577.22</u></u>	\$ <u><u>1,577.22</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?        YES   X   NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

A. Square Feet: 98,303

B. General Construction Type:
 Exterior Brick
 Frame Steel
 Number of Stories 4

C. Does the Operating Entity?
 ☐ (a) Own the Facility
 ☒ (b) Rent from a Related Organization.
 ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?
 ☒ (a) Own the Equipment
 ☒ (b) Rent equipment from a Related Organization.
 ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?
 ☒ YES
 ☐ NO

If so, please complete the following:

1. Total Amount Incurred: 37,608
 2. Number of Years Over Which it is Being Amortized: 5

3. Current Period Amortization: 7,706
 4. Dates Incurred:

Nature of Costs: Loan Fees

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	48,972	1994	\$ 850,000	1
2				(695,000)	2
3	TOTALS	48,972		\$ 155,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
9	Improvement Type**							-		-	9
10								-		-	10
11								-		-	11
12								-		-	12
13								-		-	13
14								-		-	14
15								-		-	15
16								-		-	16
17								-		-	17
18								-		-	18
19								-		-	19
20								-		-	20
21								-		-	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$		37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)		9,064,769	237,659		260,214	22,555	932,434	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)		2,868	114		143	29	644	68
69	Financial Statement Depreciation			130,073			(130,073)		69
70	TOTAL (lines 4 thru 69)		\$ 9,067,637	\$ 367,846		\$ 260,357	\$ (107,489)	\$ 933,078	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,067,637	\$ 367,846		\$ 260,357	\$ (107,489)	\$ 933,078	1
2	Corner Guards	2000	1,438		20	72	72	258	2
3	Carpet & Draperies	2000	3,622		20	181	181	649	3
4	Wallpaper	2000	1,277		20	64	64	229	4
5	Draperies & Shwr Cbl	2000	1,758		20	88	88	315	5
6	Cabinets	2000	6,200		20	310	310	1,111	6
7	Cabinets	2000	1,980		20	99	99	355	7
8	Locks	2000	611		20	31	31	110	8
9	American Healthcare	2000	488		20	24	24	87	9
10	Gravel For Prkg Lot	2000	3,500		20	175	175	627	10
11	Windows	2000	3,933		20	197	197	705	11
12	Fence	2000	2,215		20	111	111	398	12
13	Instl Wndw Grd Systm	2000	13,170		20	659	659	2,360	13
14	Signs	2000	415		20	21	21	75	14
15	Wiring For Phones,Co	2000	28,197		20	1,410	1,410	5,053	15
16	Wallpaper	2000	4,039		20	202	202	724	16
17	Carpet	2000	1,123		20	56	56	201	17
18	Window Treatments	2000	1,244		20	62	62	222	18
19	Frnsh & Instl Flg Pl	2000	1,471		20	74	74	264	19
20	Balance Owed On Cnps	2000	7,804		20	390	390	1,365	20
21	Install Landscaping	2000	9,637		20	482	482	1,687	21
22	Window Treatment	2000	3,992		20	200	200	699	22
23	Window Treatment	2000	483		20	24	24	84	23
24	Cornice Brds & Vlncs	2000	3,794		20	190	190	664	24
25	Prep Walls & Hng Wlp	2000	5,980		20	299	299	1,047	25
26	Prep Walls & Hng Wlp	2000	3,990		20	200	200	682	26
27	Chr Rls, End Cap,Wlg	2000	6,605		20	330	330	1,129	27
28	Phone & Cmptr Cblg	2000	4,959		20	248	248	847	28
29	Wallpaper	2000	208		20	10	10	35	29
30	Cornice Brds, Draper	2000	1,194		20	60	60	204	30
31	Window Treatments	2000	6,442		20	322	322	1,100	31
32	Cubicle Crtns, Shds	2000	3,798		20	190	190	649	32
33	Prvde A/C To Stf Dnr	2000	1,716		20	86	86	294	33
34	TOTAL (lines 1 thru 33)		\$ 9,204,920	\$ 367,846		\$ 267,224	\$ (100,622)	\$ 957,307	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

## STATE OF ILLINOIS

Page 12C

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/03

Ending:

12/31/03

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,204,920	\$ 367,846		\$ 267,224	\$ (100,622)	\$ 957,307	1
2	Cctv & Cmptr Cablein	2000	5,056		20	253	253	864	2
3	Inhouse Paging Systm	2000	5,554		20	278	278	926	3
4	Fluid Pump Service	2000	1,246		20	62	62	208	4
5	Screens	2000	630		20	32	32	103	5
6	Replc Flr In Srvc El	2000	1,750		20	88	88	285	6
7	Square Deal Glass	2000	626		20	31	31	102	7
8	Wander Guard System	2000	1,088		20	54	54	172	8
9	Install Phone System	2000	8,600		20	430	430	1,362	9
10	Phone, Cctv & Cmptr	2000	16,579		20	829	829	2,625	10
11	Repairs To Boiler	2000	927		20	46	46	143	11
12	Install Phone System	2000	4,861		20	243	243	749	12
13	Cableing For Cmptr S	2000	604		20	30	30	93	13
14	Repair Fire Alarm Pn	2000	866		20	43	43	148	14
15	Bed, Mobile Monitor	2000	627		20	63	63	225	15
16	Illuminated Wall Dis	2000	27,983		20	1,399	1,399	4,197	16
17	Repr Frnt Entrnc Dr	2001	425		20	21	21	64	17
18	Install Roof On Oxvg	2001	565		20	28	28	85	18
19	Misc Electrical Work	2001	9,697		20	485	485	1,455	19
20	Build Mntnc Office W	2001	2,890		20	145	145	422	20
21	Tile	2001	607		20	30	30	86	21
22	Elevator Repairs	2001	957		20	48	48	136	22
23	Replc Dr Rels On Dr	2001	498		20	25	25	69	23
24	Canopy	2001	10,694		20	535	535	1,426	24
25	Parking Lot Design	2001	1,800		20	90	90	240	25
26	Wallpaper	2001	1,765		20	88	88	236	26
27	Window	2001	251		20	13	13	34	27
28	Install Elect For Sg	2001	2,846		20	142	142	380	28
29	Landscaping Reprs	2001	2,188		20	109	109	283	29
30	Repair Water Leak	2001	689		20	34	34	86	30
31	Repair Fire Alarm	2001	671		20	34	34	90	31
32	Repr Fire Alarm	2001	(209)		20	(10)	(10)	(229)	32
33	Repr Fire Alrm	2001	711		20	36	36	89	33
34	TOTAL (lines 1 thru 33)		\$ 9,318,962	\$ 367,846		\$ 272,958	\$ (94,888)	\$ 974,461	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,318,962	\$ 367,846		\$ 272,958	\$ (94,888)	\$ 974,461	1
2	Architectural Fees	2001	1,872		20	94	94	226	2
3	In-Hse Pg System	2001	1,305		20	65	65	158	3
4	2 Windows	2001	502		20	25	25	63	4
5	Architectural Svs/Pm	2001	2,100		20	105	105	228	5
6	Replc Stmr, Instl Ar	2001	685		20	34	34	72	6
7	Sprinkler Repairs	2001	925		20	46	46	124	7
8	Instln/Repr Of Phn/C	2001	2,603		20	130	130	271	8
9	Smoke Detector	2001	537		20	27	27	72	9
10	Boiler Work	2002	3,704		20	309	309	617	10
11	Boiler Work	2002	2,548		20	212	212	425	11
12	Electrical For Voice Mail System	2002	1,400		20	140	140	210	12
13	Electrical Work For Voice Mail System	2002	3,247		20	325	325	406	13
14	Auto Door Closer	2002	1,016		20	102	102	127	14
15	Carpet	2002	3,946		20	564	564	611	15
16	Parking Lot Development	2003	450		20	45	45	45	16
17	Landscaping	2003	1,013		20	68	68	68	17
18	Landscaping	2003	2,332		20	117	117	117	18
19	Elevator Work	2003	1,981		20	66	66	66	19
20	Landscaping	2003	1,211		20	40	40	40	20
21	Fence	2003	2,925		20	146	146	146	21
22	Storm Line In Parking Lot	2003	15,510		20	603	603	603	22
23	Landscaping	2003	1,100		20	37	37	37	23
24	Ground Sign	2003	5,415		20	120	120	120	24
25	Parking Lot Asphalt Resurface	2003	42,530		20	1,772	1,772	1,772	25
26	Fence	2003	8,550		20	238	238	238	26
27	Lighting For Parking Area	2003	21,000		20	583	583	583	27
28	Brick Wall For Ground Sign	2003	1,170		20	20	20	20	28
29	Landscaping	2003	2,375		20	53	53	53	29
30	Landscaping	2003	8,495		20	236	236	236	30
31	Landscaping	2003	1,200		20	13	13	13	31
32	Bumper Block Inst. Parking Lot	2003	5,170		20	29	29	29	32
33	Chiller Board	2003	1,980		20	33	33	33	33
34	TOTAL (lines 1 thru 33)		\$ 9,469,759	\$ 367,846		\$ 279,355	\$ (88,491)	\$ 982,290	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,469,759	\$ 367,846		\$ 279,355	\$ (88,491)	\$ 982,290	1
2	Alarm Control Units	2003	1,250		20	63	63	63	2
3	Landscaping	2003	1,101		20	73	73	73	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
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19									19
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

## XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

## XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,472,110	\$ 367,846		\$ 279,491	\$ (88,355)	\$ 982,426	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

## XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	249		2000	2000	\$ 9,107,497	\$ 237,659		\$ 260,214	\$ 22,555	\$ 932,434	4
5			2000	2000	(42,728)						5
6											6
7											7
8											8
9	Improvement Type**										9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-BLDG, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT



12/31/03

**\*\*Improvement type must be detailed in order for the cost report to be considered complete.**

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/03

Ending:

12/31/03

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Allocation - NuCare Management		1997		554	14	20	28	14	173	9
10	Allocation - NuCare Management		1998		486	12	20	24	12	133	10
11	Allocation - NuCare Management		1999		681	59	20	34	(25)	151	11
12	Allocation - NuCare Management		2000		827	21	20	41	(20)	142	12
13	Allocation - NuCare Management		2001		320	8	20	16	8	45	13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$		37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
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58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,868	\$ 114		\$ 143	\$ (11)	\$ 644	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,385,794	\$ 168,779	\$ 144,619	\$ (24,161)	10	\$ 483,669	71
72	Current Year Purchases	38,394	50	2,594	2,544	10	2,594	72
73	Fully Depreciated Assets	10,981	151	151		10	10,981	73
74								74
75	TOTALS	\$ 1,435,169	\$ 168,980	\$ 147,364	\$ (21,617)		\$ 497,244	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$			\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$			\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,062,279	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 536,826	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 426,855	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (109,971)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,479,670	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Processing, Inspection, Exams - 1	\$ 203,948	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 203,948	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

## XII. RENTAL COSTS

### A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Parking				21,400			5
6	Allocate NuCare				12,735			6
7	TOTAL				\$ 34,135			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized  
by the length of the lease \_\_\_\_\_.

9. Option to Buy: ☐ YES ☐ NO Terms: \_\_\_\_\_ \*

### B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 20,158

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

### C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Business	2001 Acura	\$ 691.00	\$ 8,316	17
18					18
19					19
20					20
21	TOTAL		\$ 691.00	\$ 8,316	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2004 \$ \_\_\_\_\_

13. /2005 \$ \_\_\_\_\_

14. /2006 \$ \_\_\_\_\_

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
		IN-HOUSE PROGRAM <input type="checkbox"/>	IN-HOUSE PROGRAM <input checked="" type="checkbox"/>
		IN OTHER FACILITY <input type="checkbox"/>	IN OTHER FACILITY <input type="checkbox"/>
		COMMUNITY COLLEGE <input checked="" type="checkbox"/>	HOURS PER AIDE <u>80</u>
		HOURS PER AIDE <u>120</u>	

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	2,525	\$	2,525
2	Books and Supplies		817		817
3	Classroom Wages (a)				
4	Clinical Wages (b)		2,918		2,918
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	6,260	\$	6,260
10	SUM OF line 9, col. 1 and 2 (e)	\$	6,260		

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	4
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	4

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.  
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.  
 (c) For in-house training programs only. Do not include fringe benefits.  
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.  
 SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			476,373			476,373	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 03	# of prescripts			319,084			319,084	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			12,780		3,380	150,263		166,423	13
14	TOTAL			\$ 12,780		\$ 798,837	\$ 150,263		\$ 961,880	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 3,944	\$ 239,262	1
2	Cash-Patient Deposits	4,386	4,386	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	2,773,494	2,863,442	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	141,831	169,161	6
7	Other Prepaid Expenses	26,245	26,245	7
8	Accounts Receivable (owners or related parties)	2,859,229	2,859,229	8
9	Other(specify): <a href="#">See Attached Schedule</a>	30,030	481,560	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 5,839,159	\$ 6,643,285	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		209,865	13
14	Buildings, at Historical Cost		8,016,178	14
15	Leasehold Improvements, at Historical Cost	390,149	390,149	15
16	Equipment, at Historical Cost	563,338	1,392,693	16
17	Accumulated Depreciation (book methods)	(421,228)	(1,869,320)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):		1,258,036	22
23	Other(specify): <a href="#">See Attached Schedule</a>	26,815	26,815	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 559,074	\$ 9,424,416	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 6,398,233	\$ 16,067,701	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,232,238	\$ 1,238,833	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	18,393	18,393	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	340,137	340,137	30
31	Accrued Taxes Payable (excluding real estate taxes)	18,882	18,882	31
32	Accrued Real Estate Taxes(Sch.IX-B)		382,443	32
33	Accrued Interest Payable		71,996	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<a href="#">See Attached Schedule</a>	6,268,257	6,851,777	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 7,877,907	\$ 8,922,461	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,376,580	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<a href="#">See Attached Schedule</a>			43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$ 9,376,580	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 7,877,907	\$ 18,299,041	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (1,479,674)	\$ (2,231,340)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 6,398,233	\$ 16,067,701	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)



**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	<b>\$ (1,961,793)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<a href="#">See Attached</a>	<b>(81,382)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	<b>\$ (2,043,175)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>563,501</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>( )</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	<b>\$ 563,501</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	<b>\$</b>	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	<b>\$ (1,479,674)</b>	<b>24 *</b>

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 19

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending:

12/31/03

**VII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 11,452,276	1
2	Discounts and Allowances for all Levels	(810,458)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,641,818	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,140,144	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,140,144	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	538,809	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	74,436	19
20	Radiology and X-Ray	29,366	20
21	Other Medical Services	79,618	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 722,229	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***	91	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 91	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Supplemental Schedule	534	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 534	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,504,816	30

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	1,678,400	31
32	Health Care	4,012,008	32
33	General Administration	2,995,526	33
	<b>B. Capital Expense</b>		
34	Ownership	2,088,865	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	1,030,189	35
36	Provider Participation Fee	136,327	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,941,315	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	563,501	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 563,501	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending:

12/31/03

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,925	2,102	\$ 100,997	\$ 48.05	1
2	Assistant Director of Nursing	5,638	6,195	224,726	36.28	2
3	Registered Nurses	25,882	27,350	794,065	29.03	3
4	Licensed Practical Nurses	32,091	34,232	729,187	21.30	4
5	Nurse Aides & Orderlies	131,620	137,870	1,170,406	8.49	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	370	370	12,780	34.54	7
8	Rehab/Therapy Aides	4,636	4,900	42,276	8.63	8
9	Activity Director	3,262	3,573	51,896	14.52	9
10	Activity Assistants	15,354	16,425	131,498	8.01	10
11	Social Service Workers	11,227	11,811	147,536	12.49	11
12	Dietician	2,769	2,911	54,501	18.72	12
13	Food Service Supervisor					13
14	Head Cook	5,759	6,505	71,583	11.00	14
15	Cook Helpers/Assistants	21,547	22,834	179,351	7.85	15
16	Dishwashers					16
17	Maintenance Workers	5,301	6,038	100,954	16.72	17
18	Housekeepers	27,051	28,870	253,497	8.78	18
19	Laundry	10,318	10,972	83,249	7.59	19
20	Administrator	2,658	2,823	187,166	66.30	20
21	Assistant Administrator	323	365	11,603	31.79	21
22	Other Administrative	1,989	2,086	30,749	14.74	22
23	Office Manager					23
24	Clerical	23,691	26,374	368,858	13.99	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,387	4,037	91,894	22.76	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	1,825	1,843	68,309	37.06	33
34	TOTAL (lines 1 - 33)	338,623	360,486	\$ 4,907,081 *	\$ 13.61	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	249	\$ 10,858	01-03	35
36	Medical Director	Monthly	20,004	09-03	36
37	Medical Records Consultant	Monthly	2,160	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,114	10-03	39
40	Physical Therapy Consultant	68	3,208	10a-03	40
41	Occupational Therapy Consultant	20	968	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	3	143	10a-03	43
44	Activity Consultant	37	1,961	11-03	44
45	Social Service Consultant	46	2,446	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	423	\$ 45,862		49

## C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	327	\$ 16,683	10-03	50
51	Licensed Practical Nurses	5,218	180,539	10-03	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	5,545	\$ 197,222		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/03

Ending: 12/31/03

## XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Mark Berger (1/1-8/24/03)	Administrator	0	\$ 151,901	Workers' Compensation Insurance	\$ 77,650	IDPH License Fee	\$ 200	
Michelle Brousek (8/25-12/31/03)	Administrator	0	35,265	Unemployment Compensation Insurance	90,076	Advertising: Employee Recruitment	28,397	
Brian Celerio	Asst. Admin.	0	11,603	FICA Taxes	361,887	Health Care Worker Background Check	2,776	
Kathy Brander (NuCare)	Dir. Of Reg Mgmt	0	12,419	Employee Health Insurance	124,207	(Indicate # of checks performed <u>375</u> )		
Ray Dolan (NuCare)	VP Risk Mgmt	0	4,244	Employee Meals	23,543	Dues, Fees, Subscriptions	11,629	
Rusti Bauman (NuCare)	VP Medicare Reimb	0	1,762	Illinois Municipal Retirement Fund (IMRF)*		Licenses & Inspections	3,154	
See Supplemental Schedule			12,324	Chicago Head Tax	8,124	Classified Advertising	8,204	
TOTAL (agree to Schedule V, line 17, col. 1)				Union Health Insurance	79,630	Allocate from CarePath	(266)	
(List each licensed administrator separately.)			\$ 229,518	Union Pension Benefits	32,096	Allocate From NuCare	1,401	
B. Administrative - Other				Employee Benefits	36,442			
Description			Amount	401K Matching Expense	3,619	Less: Public Relations Expense	( )	
Management Fees - See Attached Schedule			\$ 556,045			Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 556,045	TOTAL (agree to Schedule V, line 22, col.8)	\$ 837,274	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 55,495	
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type	Amount					Out-of-State Travel	\$
FR&R	Accounting	\$ 28,084						
Dan Foley CPA	Accounting	200					In-State Travel	
CDW Computer Center	Computer Services	490						
Chris Novotny	Computer Services	119						
Giftrap	Computer Services	5,458						
HDSI	Computer Services	7,769						
Ivan's	Computer Services	317					Seminar Expense	2,995
Medicom	Computer Services	1,458					Allocate from CarePath	63
Platinum for Business	Computer Services	101					Allocate from NuCare	775
PSD Solutions	Computer Services	8,084						
Transworld Systems	Computer Services	698					Entertainment Expense	( )
See Supplemental Schedule		80,977					(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL	\$		TOTAL	\$ 3,833
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 133,755					

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS** (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

STATE OF ILLINOIS

# 0041749

Report Period Beginning:

01/01/03

Ending:

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XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN, LPN, NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. II Council - \$13,483
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 38,089 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 136,327  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 23,543 Has any meal income been offset against related costs? No Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 100% in 14  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? \_\_\_\_\_ If no, please explain. \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.